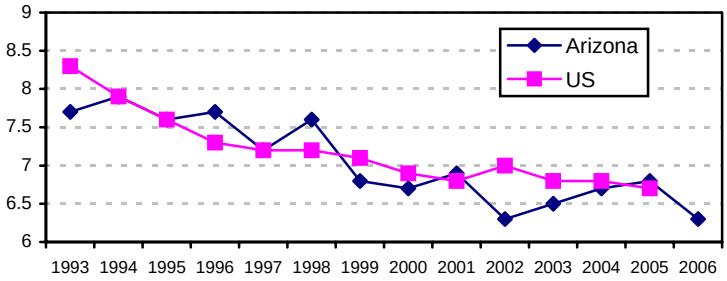
INFANT MORTALITY IN ARIZONA, 2006
FACT SHEET

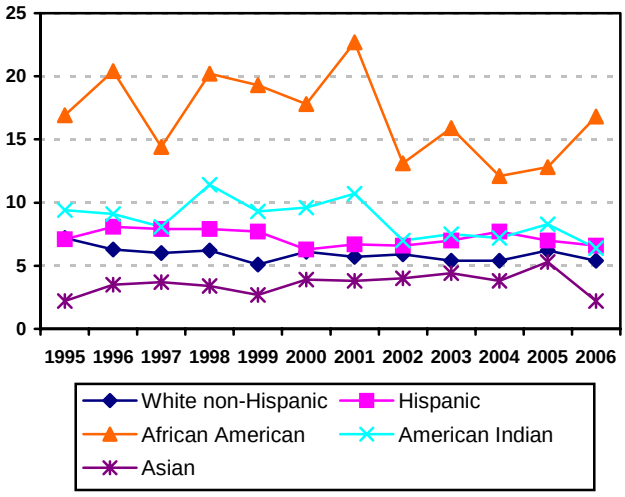
INFANT MORTALITY

In 2006, 642 infants under the age of one died in Arizona, representing a rate of 6.3 deaths per 1,000 live births. 69% of deaths occurred in the neonatal period (within the first 27 days of life), and 32% of the deaths occurred in the postneonatal period (between the 28th day and before the child's first birthday).

Infant Deaths per 1,000 Live Births



Infant Deaths per 1,000 Live Births



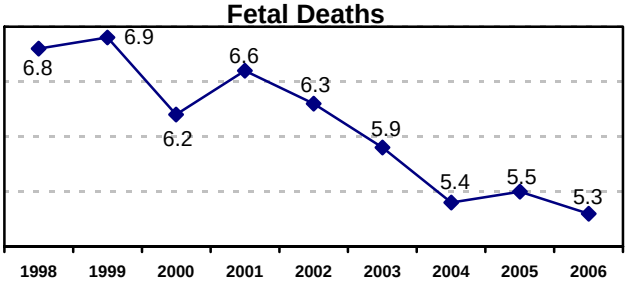
African Americans had the highest rate of infant mortality while Asians had the lowest rate of infant mortality. The mortality rate among male infants was higher than female infants, with a rate of 6.9 deaths per 1,000 live births compared to 5.6 deaths per 1,000.

The most common cause of infant mortality (21 percent) was congenital malformations, deformations, and chromosomal abnormalities, followed by short gestation and low birth weight (15 percent). Sudden infant death syndrome was the cause in 6 percent of infant deaths.

FETAL MORTALITY

From 1998 to 2006, the number of fetal deaths ranged from a high of 566 in 2001 to a low of 505 in 2004, with an average of 539 fetal deaths per year[1]. In 2006, there were 543 fetal deaths in Arizona, representing a rate of 5.3 fetal deaths per 1,000

Fetal Deaths[2] per 1,000 Live Births and Fetal Deaths



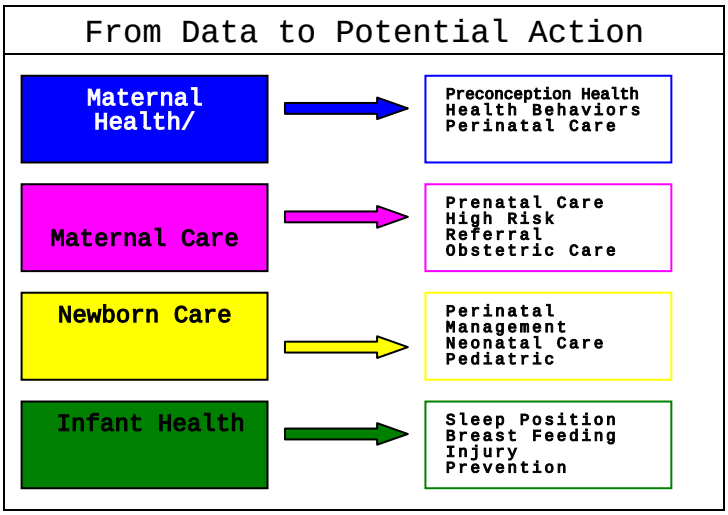
[1] Fetal deaths are reportable if they are at least 20 weeks gestation and weigh at least 350 grams at the time of delivery. For the purpose of this document, pregnancies are defined as live births plus fetal deaths (excluding induced abortions).

[2] No information about gestational age was provided in the fetal death database prior to 2000.

pregnancies. Stillbirth rates were highest for African American women (10.0 per 1,000 pregnancies) and lowest for Asian women (3.2 per 1,000). The risk of experiencing a stillbirth was highest for women 40 years of age and older (15.8 per 1,000 pregnancies). For older women, the risk of having a stillbirth is nearly four times that of women in their twenties. Women with 12 years of education or less had higher rates of stillbirths (5.8 per 1,000 pregnancies) than women with 13 years or more of education (4.5 per 1,000).

The cause of stillbirth often remains unknown. Of the 37% of fetal deaths with a known cause of death, the most common cause was cord problems (32%) followed by placental disorders (25%), malformations (20%), and inflammation or infection (6%).

EXCESS FETO-INFANT MORTALITY



The Perinatal Periods of Risk (PPOR) analysis categorizes fetal and infant deaths into four periods of risk based on the age at death and birth weight. Each of the categories is associated with different causes of death, risk factors, and effective interventions.

According to the PPOR analysis, for all deliveries between January 1, 2003 and December 31, 2005, there were 8 feto-infant deaths per 1,000 live births and fetal deaths. Overall, 29% of feto-infant deaths in Arizona were considered excess using this method, with a rate of 2.3 excess deaths per 1,000 live births and fetal deaths.

African Americans had the highest excess feto-infant mortality rate of all sub-groups (8.1 excess deaths per 1,000 live births and fetal deaths), with highest rate of excess deaths occurring in the maternal health period. Women under the age of 20 and women age 36 and older had the highest rate of excess feto-infant mortality (4.4 excess deaths per 1,000 live births and fetal deaths) compared to women age 20-35. For women under the age of 20, the period with the highest rate of excess deaths was the maternal health period, while for women age 36 and older, the maternal care period had the highest rate of excess deaths. Women with 12 or less years of education had a higher excess feto-infant mortality rate (3.6 excess deaths per 1,000 live births and fetal deaths) than women with 13 or more years of education (0.4 excess deaths per 1,000). For women with 12 or less years of education, the period with the highest excess death rate was the infant health period. For more detail on the PPOR analysis, including a comparison of the 2000-2002 and 2003-2005 cohorts, please see the presentations at: http://www.azdhs.gov/phs/owch/assess.htm .